

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Supporters of Shayan for Congress

ADDRESS (number and street) ▼

627 East Washington Street



Check if different than previously reported. (ACC)

Orlando

FL

32801

2. FEC IDENTIFICATION NUMBER ▼

C

C00552182

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

FL

10

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

01

Y Y Y Y

2013

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Shayan Modarres

Signature of Treasurer

Shayan Modarres

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

06

Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 10

Write or Type Committee Name

Supporters of Shayan for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8462.66	8462.66
(b) Total Contribution Refunds (from Line 20(d)) .....	1200.00	1200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	7262.66	7262.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	1913.39	1913.39
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	1913.39	1913.39
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	5349.27	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 10

Write or Type Committee Name

Supporters of Shayan for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

5112.66

5112.66

(ii) Unitemized.....

3350.00

3350.00

(iii) TOTAL of contributions from individuals ▶

8462.66

8462.66

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

8462.66

8462.66

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

8462.66

8462.66

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1913.39	1913.39
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1200.00	1200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1200.00	1200.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	3113.39	3113.39

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8462.66
25. SUBTOTAL (add Line 23 and Line 24).....	8462.66
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3113.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5349.27

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Supporters of Shayan for Congress

Full Name (Last, First, Middle Initial)

Mastoureh Bozorgmehri

Mailing Address 4358 Hyde Cmn

City

Fremont

State

CA

Zip Code

94538-5441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser

Occupation

Engineer

Receipt For: 2013

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2013

Transaction ID : VN932BK3Q98

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mastoureh Bozorgmehri

Mailing Address 4358 Hyde Cmn

City

Fremont

State

CA

Zip Code

94538-5441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser

Occupation

Engineer

Receipt For: 2013

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2013

Transaction ID : VN932BK3RV3

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Mastoureh Bozorgmehri

Mailing Address 4358 Hyde Cmn

City

Fremont

State

CA

Zip Code

94538-5441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser

Occupation

Engineer

Receipt For: 2013

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2013

Transaction ID : VN932BK47N8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Supporters of Shayan for Congress**

Full Name (Last, First, Middle Initial)

**Mastoureh Bozorgmehri**

Mailing Address 4358 Hyde Cmn

City

Fremont

State

CA

Zip Code

94538-5441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser

Occupation

Engineer

Receipt For: 2013

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2013

**Transaction ID : VN932BKBVT7**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**Kataneh Bozorgmehri-Fard**

Mailing Address 4358 Hyde Cmn

City

Fremont

State

CA

Zip Code

94538-5441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Student

Receipt For: 2013

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2013

**Transaction ID : VN932BNGPB2**

Amount of Each Receipt this Period

270.00

Full Name (Last, First, Middle Initial)

**Long Khuu**

Mailing Address 1525 Laliue Ln

City

Orlando

State

FL

Zip Code

32828-5122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KTY Entertainment

Occupation

Entrepreneur

Receipt For: 2013

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

**Transaction ID : VN932BSQZ32**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1070.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Supporters of Shayan for Congress

Full Name (Last, First, Middle Initial)

Shayan Modarres

Mailing Address 627 E Washington St

City

Orlando

State

FL

Zip Code

32801-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jackson &amp; Modarres, LLC

Occupation

Attorney

Receipt For: 2013

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2013

Transaction ID : VN932BRWY26

Amount of Each Receipt this Period

100.00

Initial Bank Account Deposit

Full Name (Last, First, Middle Initial)

Shayan Modarres

Mailing Address 627 E Washington St

City

Orlando

State

FL

Zip Code

32801-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jackson &amp; Modarres, LLC

Occupation

Attorney

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1592.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2013

Transaction ID : VN932BRWYS7

Amount of Each Receipt this Period

1492.66

\* In-Kind: Website Design

Full Name (Last, First, Middle Initial)

Shayan Modarres

Mailing Address 627 E Washington St

City

Orlando

State

FL

Zip Code

32801-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jackson &amp; Modarres, LLC

Occupation

Attorney

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1942.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2013

Transaction ID : VN932BRX039

Amount of Each Receipt this Period

350.00

\* In-Kind: Payment of NGP VAN Initial Invoice

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1942.66

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Supporters of Shayan for Congress

Full Name (Last, First, Middle Initial)

Shayan Modarres

Mailing Address 627 E Washington St

City

Orlando

State

FL

Zip Code

32801-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jackson &amp; Modarres, LLC

Occupation

Attorney

Receipt For: 2013

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2942.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2013

Transaction ID : VN932BRWY34

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

5112.66



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Supporters of Shayan for Congress

Full Name (Last, First, Middle Initial)

**A. Shayan Modarres**

Mailing Address 627 E Washington St

City	State	Zip Code
Orlando	FL	32801-2937

Purpose of Disbursement  
Website Design

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 20 / 2013

Amount of Each Disbursement this Period

1492.66
---------

Transaction ID : VN932BRWYS7I

\* In-Kind Received

**B. Shayan Modarres**

Mailing Address 627 E Washington St

City	State	Zip Code
Orlando	FL	32801-2937

Purpose of Disbursement  
Payment of NGP VAN Initial Invoice

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 03 / 2013

Amount of Each Disbursement this Period

350.00
--------

Transaction ID : VN932BRX039I

\* In-Kind Received

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
---------------------

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1842.66
1842.66

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 10

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Supporters of Shayan for Congress

Full Name (Last, First, Middle Initial)

**A. Mastoureh Bozorgmehri**

Mailing Address 4358 Hyde Cmn

City	State	Zip Code
Fremont	CA	94538-5441

Purpose of Disbursement  
Refund of contributions made on behalf of Non-U.S. citizen relatives

Candidate Name

Office Sought:	House	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2013

Amount of Each Disbursement this Period

900.00
--------

Transaction ID : VN83T9P6J36

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	House	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	House	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

900.00

900.00